

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	9-5	9435	7-23-01
RESPONSE FORMALITY REVIEW	CX	1109	7-31-1
			10-12-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	3/3/01
1	3/3/01
2	3/3/01
3	3/3/01
4	3/3/01
5	3/3/01
6	3/3/01
7	3/3/01
8	3/3/01
9	3/3/01
10	3/3/01
11	3/3/01
12	3/3/01
13	3/3/01 ✓ ✓ ✓
14	3/3/01
15	3/3/01
16	3/3/01
17	3/3/01 ✓ ✓
18	3/3/01
19	3/3/01 ✓ ✓ ✓
20	3/3/01
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22	3/3/01 ✓ ✓
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24	3/3/01 ✓ ✓
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28	3/3/01
29	3/3/01
30	3/3/01
31	3/3/01 ✓
32	3/3/01
33	3/3/01
34	3/3/01
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40	3/3/01
41	3/3/01
42	3/3/01
43	3/3/01
44	3/3/01
45	3/3/01
46	3/3/01
47	3/3/01
48	3/3/01
49	3/3/01
50	3/3/01

Claim	Date
Final	
Original	51
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Claim	Date
Final	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10/3/01
7/3/